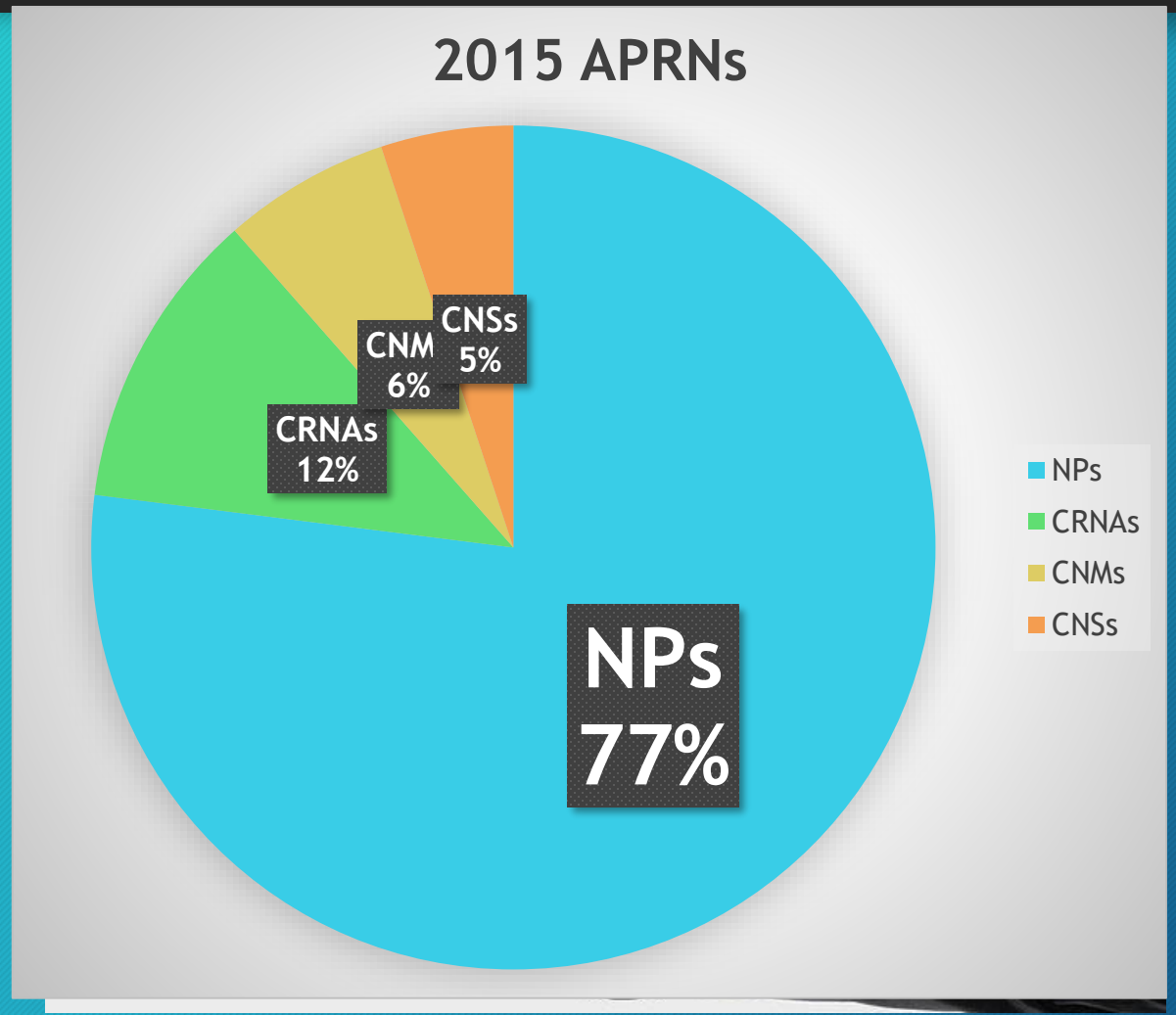
Utah Health Care Reform Task Force Meeting

September 28, 2018

Advanced Practice Registered Nurse (APRN)

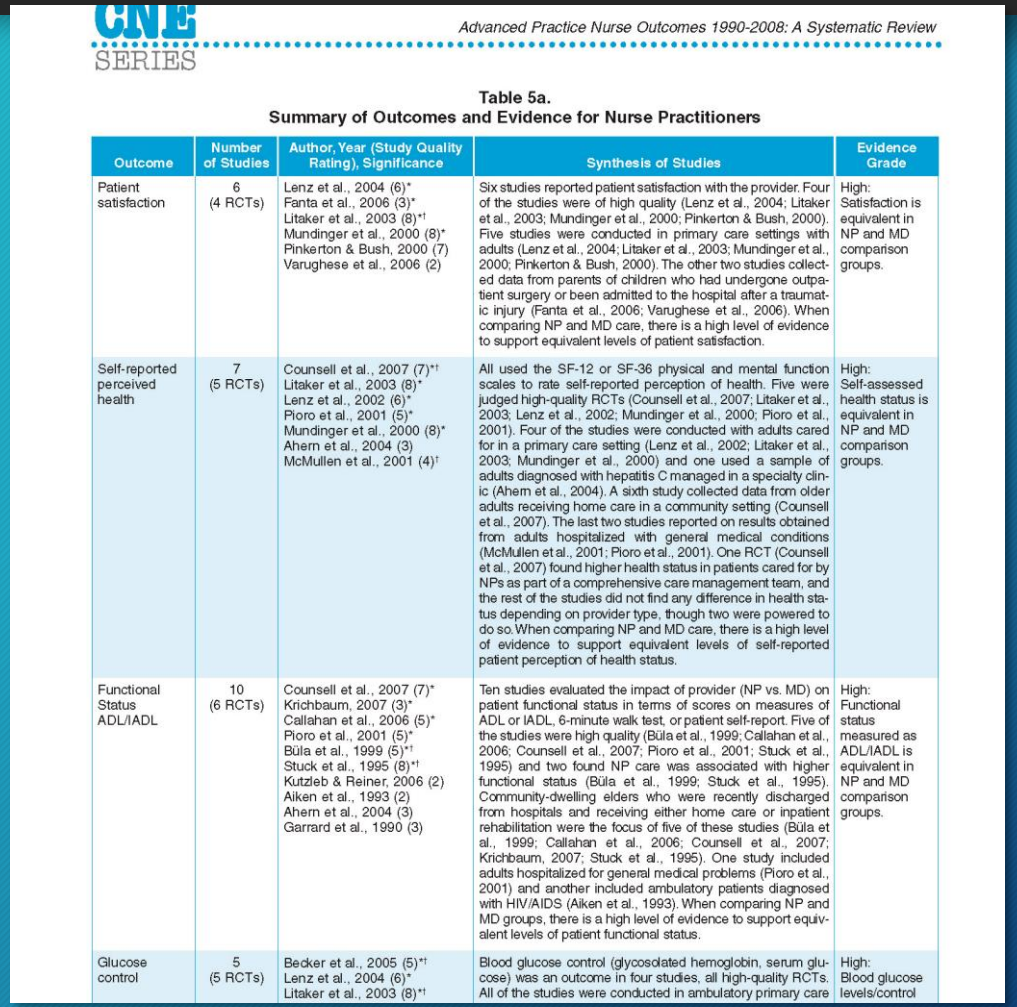
- A Nurse Practitioner is a Type of Advanced Practice Registered Nurse




DEDICATION
EXCELLENCE

What Does The Research Show?

- Research supports that NPs provide high-quality care
- NPs can help augment health care provider shortages
- Patient seen by APRNs increased by 75% from 2003



CNE SERIES

Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review

Table 5a.
Summary of Outcomes and Evidence for Nurse Practitioners

Outcome	Number of Studies	Author, Year (Study Quality Rating), Significance	Synthesis of Studies	Evidence Grade
Patient satisfaction	6 (4 RCTs)	Lenz et al., 2004 (6)* Fanta et al., 2006 (3)* Litaker et al., 2003 (8)*† Mundinger et al., 2000 (8)* Pinkerton & Bush, 2000 (7) Varughese et al., 2006 (2)	Six studies reported patient satisfaction with the provider. Four of the studies were of high quality (Lenz et al., 2004; Litaker et al., 2003; Mundinger et al., 2000; Pinkerton & Bush, 2000). Five studies were conducted in primary care settings with adults (Lenz et al., 2004; Litaker et al., 2003; Mundinger et al., 2000; Pinkerton & Bush, 2000). The other two studies collected data from parents of children who had undergone outpatient surgery or been admitted to the hospital after a traumatic injury (Fanta et al., 2006; Varughese et al., 2006). When comparing NP and MD care, there is a high level of evidence to support equivalent levels of patient satisfaction.	High: Satisfaction is equivalent in NP and MD comparison groups.
Self-reported perceived health	7 (5 RCTs)	Counsell et al., 2007 (7)*† Litaker et al., 2003 (8)* Lenz et al., 2002 (6)* Pioro et al., 2001 (5)* Mundinger et al., 2000 (8)* Ahern et al., 2004 (3) McMullen et al., 2001 (4)†	All used the SF-12 or SF-36 physical and mental function scales to rate self-reported perception of health. Five were judged high-quality RCTs (Counsell et al., 2007; Litaker et al., 2003; Lenz et al., 2002; Mundinger et al., 2000; Pioro et al., 2001). Four of the studies were conducted with adults cared for in a primary care setting (Lenz et al., 2002; Litaker et al., 2003; Mundinger et al., 2000) and one used a sample of adults diagnosed with hepatitis C managed in a specialty clinic (Ahern et al., 2004). A sixth study collected data from older adults receiving home care in a community setting (Counsell et al., 2007). The last two studies reported on results obtained from adults hospitalized with general medical conditions (McMullen et al., 2001; Pioro et al., 2001). One RCT (Counsell et al., 2007) found higher health status in patients cared for by NPs as part of a comprehensive care management team, and the rest of the studies did not find any difference in health status depending on provider type, though two were powered to do so. When comparing NP and MD care, there is a high level of evidence to support equivalent levels of self-reported patient perception of health status.	High: Self-assessed health status is equivalent in NP and MD comparison groups.
Functional Status ADL/IADL	10 (6 RCTs)	Counsell et al., 2007 (7)* Krichbaum, 2007 (3)* Callahan et al., 2006 (5)* Pioro et al., 2001 (5)* Büla et al., 1999 (5)*† Stuck et al., 1995 (8)*† Kutzleb & Reiner, 2006 (2) Aiken et al., 1993 (2) Ahern et al., 2004 (3) Garrard et al., 1990 (3)	Ten studies evaluated the impact of provider (NP vs. MD) on patient functional status in terms of scores on measures of ADL or IADL, 6-minute walk test, or patient self-report. Five of the studies were high quality (Büla et al., 1999; Callahan et al., 2006; Counsell et al., 2007; Pioro et al., 2001; Stuck et al., 1995) and two found NP care was associated with higher functional status (Büla et al., 1999; Stuck et al., 1995). Community-dwelling elders who were recently discharged from hospitals and receiving either home care or inpatient rehabilitation were the focus of five of these studies (Büla et al., 1999; Callahan et al., 2006; Counsell et al., 2007; Krichbaum, 2007; Stuck et al., 1995). One study included adults hospitalized for general medical problems (Pioro et al., 2001) and another included ambulatory patients diagnosed with HIV/AIDS (Aiken et al., 1993). When comparing NP and MD groups, there is a high level of evidence to support equivalent levels of patient functional status.	High: Functional status measured as ADL/IADL is equivalent in NP and MD comparison groups.
Glucose control	5 (5 RCTs)	Becker et al., 2005 (5)*† Lenz et al., 2004 (6)* Litaker et al., 2003 (8)*†	Blood glucose control (glycosolated hemoglobin, serum glucose) was an outcome in four studies, all high-quality RCTs. All of the studies were conducted in ambulatory primary care	High: Blood glucose levels/control

Nurse Practitioner Educational Path

Type of Nurse	Educational Requirements for Entry into Profession
Nurse Practitioner	Master's Degree or Doctoral Degree (2 - 3.5 years)
Registered N	
Licensed Pra	
Certified Nu Assistant	

2 to 3.5 years training?
6 to 7.5 years?
12 to 13.5 years?!
16 to 17.5 years?!?!

Why We Are Here Today

"When I first started one of the first directives I received from the Governor…was to reduce unnecessary business regulation. So, long before this was an issue nationally with as much interest as there is now…we have been receiving directions for more than a decade to look at our regulations and reduce unnecessary components." Mark Steinagel, Director of DOPL, 9/20/2018

- Worker's Compensation
- Consultation and Referral Plan

Worker's Compensation Language in Nurse Practice Act (58-31b-803) (2016)

Nurse Practice Act Worker's Compensation Language (2016)	Controlled Substance Database Act (2018)	Similarities	Differences
Prior to the first time prescribing or administering a Schedule III controlled substance for chronic pain, or a Schedule II controlled substance to a particular patient…checks information about the patient in the Controlled Substance Database…and	**A prescriber shall check the database for information about a patient before the first time the prescriber gives a prescription to a patient for a Schedule II opioid or a Schedule III opioid.**	**Checking controlled substance database prior to first prescription.**	**CSDA also includes Schedule III opioids.**
Periodically, thereafter, checks information about the patient in the Controlled Substance Database	If a prescriber is repeatedly prescribing a Schedule II opioid or Schedule III opioid to a patient, the prescriber shall periodically review information about the patient in the database	For repeat prescriptions, periodically review controlled substance database.	CSDA also includes Schedule III opioids.
6Follows the health care provider prescribing guidelines for the treatment of an injured worker, developed by the Labor Commission under Title 34A, Chapter 2, Workers' Compensation Act, or Title 34A, Chapter 3, Utah Occupational Disease Act, if the Schedule II or III controlled substance is prescribed for chronic pain. *The Workers' Compensation Act 34A-2-424 refers to Section 31A-22-15.5 which states "a prescribing policy…that includes evidence based guidelines for prescribing opioids and may include the 2016 CDC guidelines for prescribing opioids for chronic pain, or the Utah clinical guidelines on prescribing opioids for the treatment of pain."*	The division shall review the database to identify any prescriber who has a pattern of prescribing opioids not in accordance with the recommendations of: (i) the CDC Guideline for Prescribing Opioids for Chronic Pain, published by the Centers for Disease Control and Prevention; (ii) the Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain, published by the Department of Health; or (iii) other publications describing best practices related to prescribing opioids	Following prescribing guidelines set forth by CDC and Utah Clinical Guidelines	CSDA also includes other publications that identify best practices

Consultation and Referral Plan

- Definition – A written plan jointly developed by an advanced practice registered nurse and a consulting physician that permits the advanced practice registered nurse to prescribe Schedule II controlled substances in consultation with the consulting physician.
- Needed for the first two years of licensure or 2,000 hours of experience practicing

Issues with Consultation and Referral Plans

- **Does NOT contribute to Patient Safety**
- Does not require physician to practice in same geographic area
- Does not require physician to practice in same specialty as nurse practitioner
- Some physicians charge a fee for their consultation which can be **prohibitive**
- No requirements to review documents or practices
- Some physicians refuse to enter into a consultation and referral plan which **limits business opportunities** for nurse practitioners and limits **competition in** marketplace
- Contributes to **shortage** of primary health care providers
- No evidence the Consultation and Referral Plan language provides any protection to the public
- Makes Utah a "**restricted**" state according to **insurance companies**

Business Development

- Nursing Model of care in primary care with Nurse Practitionersd practicing at the highest level allowable by law has led to a primary care pediatric practice that has created jobs for 7 more physicians, 5 more NP's, 11 RN's, and 75 clinical and administrative staff.
- One Physician called our practice the Google of Pediatrics.
  - Offer medical insurance paid at 80% for employees and their families.
  - Short and long term disability, maternity leave, Ritirement.
  - Physicians are falling over themselves to work for us.
- Because our profit margins exceed industry standards we have been able to integrate new programs and models of care ie. Currently building onsite mental health team.

Quality Care

- In 2017 Select Health representative stated that every quality award that Select Health offers to clinics could have been awarded to our clinic, but they were worried they would offend other clinics in the network.
- Road Blocks –
  - Insurance
  - Medicaid